

POP News 3

ISSUE 3

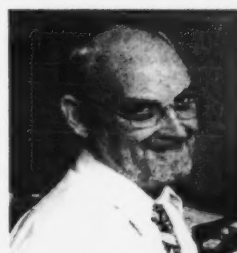
Message from the Scientific Director

This time of year gives us all a chance to take stock and reflect on our achievements in 2003, with an eye to what lies on the horizon.

I am especially delighted by the first-ever IPPH Centres for Research Development competition, which focused on understanding and addressing the impacts of physical and social environments on health. This funding program is establishing seven centres across Canada, under the leadership of outstanding researchers. Each Centre will be co-governed with stakeholders from the policy, program, practice, or public category of research users (see insert on page 4).

On another front, our second Summer Institute, jointly sponsored with the Institute of Health Services and Policy Research and the Population Health Research Network in Quebec, hosted 47 doctoral and post-doctoral students from June 4 to 7, 2003 at La Sapinière Resort in Val David, north of Montréal. By all accounts, it was a resounding success. Plans are underway to organize a third event on the West Coast (see insert on page 2).

Since its inception, the Institute has heard repeatedly from public health professionals that our state of preparedness in Canada to deal with emerging and established threats to the public's health is less than optimal. Canadians live in an increasingly global "village", that ensures a steady flow of acute infectious disease threats (e.g. SARS). We also continue to face ongoing challenges related to the burden of chronic disease and disability, as exemplified by the extraordinary new epidemic of overweight and obesity among our children and youth. These old and new concerns encouraged the Institute to set up a national working group in mid-2002 to make the case for a robust public health infrastructure — documented in "The Future of Public Health in Canada: Developing a Public Health System for the 21st Century," and the report of the National workshop in Calgary in May that ratified that report (see page 5). Dr. David Naylor and Senator Kirby have further echoed these recommendations in their recent reports. The Institute looks forward to working with the newly created Canadian Coalition for Public Health to encourage all levels of government to act now for the sake of public health.



*The Staff at IPPH
would like to wish
you all the very
best in the new
year!*

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Looking ahead, the Institute continues to work with the Institutes of Genetics, Aging, and Human Development, Child and Youth Health on the Canadian Lifelong Health Initiative, which includes a proposal for a multigenerational birth cohort study. The design for this study will be the subject of a March 2004, by invitation-only workshop. Stay tuned for further details on this exciting initiative in a future issue of POP News.

Much of this work would not occur without the dedicated commitment of our professional staff in Toronto and Ottawa, the guidance of our Advisory Board and our strategic partnerships with organizations like the Canadian Institute for Health Information — Canadian Population Health Initiative, with whom we share much in common. We are also most grateful for the research and research user communities' critical contributions to the field of population and public health.

Wishing you and yours a happy holiday season and exciting year ahead.

Warm regards,



CIHR IRSC

Canadian Institutes of Health Research

Promoting Health: Considering Social Determinants of Health

For the most part, epidemiological approaches to disease prevention centre on identifying risk factors. The rationale for this work is that if epidemiologists can identify risk factors, and then share that information with the public, individuals will, in the interests of good health, change their behaviour to lower disease risk.

There are at least three problems with this model: First, we have had a very difficult time identifying risk factors for many diseases. Take for example coronary heart disease. We all know the big risk factors for this disease: cigarette smoking, hypertension and high serum cholesterol amongst others. Taking all of the risk factors we know about, we can explain about 45% of the coronary heart disease that occurs. So, for a disease that is a major cause of death, and for which there has been an enormous amount of research, more than half of the disease that occurs is not explained by that research. The second problem is that even when people know about their risk, it is very difficult for many people to change their behaviour.

The third and most challenging problem is that even if everyone at risk did change their behaviour to lower their risk, new people would continue to enter the *at risk* population at an unaffected rate. This is because we rarely identify and intervene on those forces in the community that cause the problem in the first place.

This is a major issue for public health. We cannot accom-

plish our goal of disease prevention and health promotion if we restrict our focus to individual diseases and risk factors.

Rather, we need to develop a community-based framework for the prevention of disease and the promotion of health. The first job in developing such a framework would be to identify important social determinants of health. Perhaps one of the most important determinants is social class—social class has been an overwhelmingly important risk factor for disease, and it is related to virtually every cause of disease that we know about. But, even given this knowledge, there remains little research into the link between socioeconomic status and health. For one thing, it is not an easy issue to examine. Considering social class as an determinant of health requires interdisciplinary qualitative and quantitative research.

A good step in such a direction is the establishment of the Canadian Institutes of Health Research. In establishing institutes such as the Institute of Population and Public Health, Gender & Health and Aboriginal People's Health, there exists a funding mechanism through which peoples' everyday lives and realities can be considered. By funding multi-pronged, multi-level, and multidisciplinary intervention research into the social determinants of health, we have an opportunity to promote health by engaging the community in a much more meaningful way.

The above is a summary of a talk given by Dr. Leonard Syme (Emeritus Professor of Epidemiology, UC Berkeley and IPPH Advisory Board Member) to the joint IPPH Institute Advisory Board and CPHI Council on May 22, 2003..

Summer Institute 2004

The Institute of Health Services and Policy Research (IHSPR) and le Fonds de la recherche en santé du Québec (FRSQ) joined IPPH in supporting the second edition of the Summer Institute in Val David, Quebec. With an overarching theme of "Conducting Interdisciplinary Partnered Health Research", the goal of this year's institute were to: 1) increase the participants' understanding of theoretical and methodological approaches to interdisciplinary and applied research; 2) to enhance the participants' ability to set up joint efforts with researchers from a variety of disciplines and with the users of research results, and; 3) to apply interdisciplinary research skills to the development of research protocols. The three main themes of interdisciplinary health research that were examined throughout the course of the program included theoretical aspects, methodological and ethical challenges and partnerships and knowledge transfer. The program consisted of lectures, research seminars and breakout sessions (led by faculty members).

Based on recommendations stemming from the 2002 Summer Institute report, the duration of the event was extended from 2 to 4 days, the number of doctoral and post-doctoral students was increased and the pool of participants was expanded to include a broader range of disciplines. In total, 47 students attended the institute, of which 50% were from Quebec, 34% from Ontario, 8% from British Columbia, 4% from Manitoba, and 2% from each of Alberta and Nova Scotia. This year's event was also bilingual and, although simultaneous translation was provided, participating students required a good working knowledge of both French and English.

Based on the evaluations from both students and faculty, the goals and expectations of the Summer Institute were clearly met. Students especially appreciated the careers in research seminar, the tutors collaborative approach during the breakout sessions and the networking opportunities with individuals from a variety of disciplines. Building on the momentum and success from the first two events, IPPH is please to announce that a third Summer Institute is being planned (in partnership with IHSPR) for June 2004, in British Columbia.

Income, Health and Disease in Canada

It is widely recognized within the Canadian research community that the health status of populations differs profoundly across subgroups, defined by such determinants as socio-economic status, gender, race/ethnicity, geography, etc. Income, for example, is identified as a key determinant of health within population health models of the Canadian Institute for Advanced Research, Health Canada, and the World Health Organization. However, there is a profound gap between the stated importance of income and actual knowledge available concerning the income-health relationship as it directly affects Canadians. There also seems to be little recent policy attention being paid to income as a determinant of health.

IPPH, through its strategic planning process identified "analyzing and reducing health disparities" as one of its strategic research priorities. As such, the institute is committed to working (in partnership with other organizations) to reduce disparities in health by funding comprehensive research programs that investigate health disparities. As part of such an effort, IPPH funded a needs, gaps and opportunities assessment (NGOA) project to identify and evaluate gaps in Canadian knowledge and research activity concerning the role that income and its distribution play in Canadians' health.

Researchers Dennis Raphael and Jennifer Macdonald (York University), Ronald Labonte and Renee Torgerson (University of Saskatchewan and University of Regina), and Ronald Colman and Karen Hayward (Genuine Progress Index Atlantic) carried out an environmental scan of current research in Canada, the UK and Finland. They also reviewed media stories in Canada on income and health and carried out key informant interviews with Canadian, UK and Finnish researchers to develop an accurate picture of the needs and supports for research in this field.

This NGOA identified numerous areas in which Canadian research on income and health could be enhanced. Some particular areas of weakness are:

- Little conceptualization of how income and its distribution contribute to population health,
- Lack of longitudinal studies of the impact of income-related issues upon health across the life course,
- Lack of linked data bases that would allow for the complex analysis of how income and related issues contribute to health and well-being,
- Little attention to the political and economic forces that create income and health inequalities; and
- Neglect of relevant policy options to address these inequalities.

This NGOA identified a pressing need to bring broader conceptualizations of income and its relationship to health into population health activities. Based on these findings, the Institute of Population and Public Health made this information available to researchers interested in the Health Disparities RFA (launched in June 2003)

To view the entire report, [click here](#). For more information on this NGOA, please contact Dr. Dennis Raphael at draphael@yorku.ca

Charting The Course Progress Report

In the fall of 2001, the *Canadian Population Health Initiative (CPHI)* of the *Canadian Institute for Health Information (CIHI)* and the *Institute of Population and Public Health*, collaborated on a pan-Canadian consultation in ten cities to identify priorities for population and public health (PPH) research and knowledge exchange. Over 400 participants took part in the consultations, which were intended to inform the strategic planning of both CPHI and IPPH and to ensure that both organizations were working together to address key priorities, such as: advancing research in several key PPH areas, including to further our understanding of the many interactions among the determinants of health, population-level interventions and the health impacts of poverty and income inequality; addressing research methods, standards of evidence and data infrastructure needs; building population and public health research capacity across Canada; and ensuring the uptake and exchange of knowledge by decision makers. In May 2002, the two organizations produced the document, *Charting the Course (CTC)*, which outlined the main themes and issues that emerged from these consultations.

In follow up to the CTC process, IPPH and CPHI are pleased to announce the upcoming launch of the *Charting the Course Progress Report* to be released in early 2004. Through illustrative examples, this report demonstrates how CPHI and IPPH are delivering on their commitment to collaboratively address the important population and public health priorities identified through the CTC consultations. Please check the IPPH and CPHI websites over the next few months for more news about the *Charting the Course Progress Report*.

Social Assistance, Lone Parents and Health

Lone parent families on social assistance face a complex set of challenges that could adversely affect their health. One obvious problem relates to the "co-morbid" factors of lone-parenthood and poverty. The relationship between poverty and health is well documented in Canadian literature and there is also growing evidence that single-mothers and their children are at a higher risk for a variety of health problems than their counterparts in two-parent families. Social assistance dependent families tend to live in poorer neighbourhoods, with increased dependency on government policies and decreased "mastery" over their overall environment. Given these facts, it is not surprising that lone-parent families on social assistance have emerged as a critical at risk-group in the Canadian health policy arena. Yet, the dynamics of the relationship between lone-parenthood, social assistance and health are not well understood. As such, the Institute of Population and Public Health funded a needs, gaps and opportunities assessment (NGOA) to identify and evaluate gaps in knowledge and research activity concerning the health of lone-parents on social assistance.

Under the guidance of Mike Pennock and Linda Nichol (Population Health Research Unit) and Lori Curtis (Dalhousie University), researchers first conducted a review of Canadian policy concerning social assistance in order to identify key policy issues that need to be addressed by future research into this topic. Next, key informant interviews were conducted with government, non-governmental organizations and academics in order to gather information about research obstacles, opportunities and priorities. Utilizing the results from the policy review and interviews, a consensus-building workshop was held in order to identify recommendations pertaining to data infrastructure, dissemination and research priorities. Some key recommendations with respect to data infrastructure, dissemination and research include the:

- Conduct of a feasibility study of linking provincial social assistance caseload databases with health-service utilization, mortality, justice, child-care, and child-welfare data;
- Creation of a national consortium in social-assistance and health which is linked to a number of local networks in selected communities; and,
- The development of a detailed framework of a multi-disciplinary program of quantitative and qualitative research. The framework should be based on the priorities identified in the interviews and on the following questions: What are the determinants and consequences of receiving social assistance for lone-parent mothers and their children?

What are the consequences of moving from social-assistance to employment for lone-parent mothers and their children? What is the efficacy of interventions designed to support lone-parent families on social assistance?

The challenges identified within this report would support the use of a model that is similar to the Community Alliance for Health Research (CAHR) initiative. Such an initiative should be developed as a partnership between CIHR and the Social Sciences and Humanities Research Council of Canada.

To access the whole report, [click here](#). For more information on this NGOA, please contact Lori Curtis at lori_curtis@hc-sc.gc.ca.

Centres for Research Development RFA Results

IPPH is pleased to announce the results of the inaugural Centres for Research Development RFA. The Institute, along with the Canadian Lung Association in partnership with the Association pulmonaire du Quebec, the Institut de recherche Robert-Sauvé en santé et en sécurité du travail, and CIHR's Strategic Initiative in Rural and Northern Health Research will support seven Centres over six years to build population and public health research capacity in Canada (see www.cihr-irsc.gc.ca/e/publications/19340.shtml#?). The seven Centres are:

- Public Health: Canadian Centre for Health and Safety in Agriculture (CCHSA) led by Dr. James Dosman, University of Saskatchewan
- International Collaborative Centre for the Study of Social and Physical Environments and Health, led by Dr. Penelope Hawe, University of Calgary
- Atlantic Health Network for Prevention Research, led by Dr. Renee Lyons, Dalhousie University
- Asthma in the Workplace Centre, led by Dr. Jean-Luc Malo, Hôpital du Sacre-Coeur de Montréal
- Centre for Urban Health Initiatives (CUHI), led by Dr. John Myles, University of Toronto
- Centre d'études et d'interventions sur les inégalités sociales de santé de Montréal, led by Dr. Louise Potvin and Dr. Marie-France Raynault, Université de Montréal
- Atlantic Rural Environments and Health Centre, led by Judith Guernsey, Dalhousie University

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CIHR IRSC

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IPPH Funding Opportunities

IPPH is pleased to announce the following upcoming funding opportunities:

RFA: Knowledge Translation "Strategies for Health Research" (Cross-cutting CIHR Initiative)

Launched: December 2003

Registration Deadline: April 1, 2004

Priority Announcements: Additional opportunities for support through CIHR's competition process — Spring 2004 Competitions

Launched: December 2003

Registration Deadline (Operating Grants and Fellowships): February 1, 2004

RFA: Addressing Health Care and Health Policy Challenges of New Genetic Opportunities (co-led by CIHR-Institute of Health Services and Policy Research and CIHR-Institute of Genetics)

Launched: December 2003

Registration Deadline: April 1, 2004

For more information about these funding opportunities, or to view the Request for Applications and/or Priority Announcements, please visit the CIHR Website at .

IPPH Publications

The following Publications are available in both print and electronic form. To download a .pdf or .html file of these documents, please visit our website at —
URL: http://www.cihr-irsc.gc.ca/institutes/ipph/publications/index_e.shtml

Mapping and Tapping the Wellsprings of Health,
Strategic Plan and Executive Summary 2002-2007

Institute of Population and Public Health Annual Report,
January 2001-March 2002

Charting the Course Report and Progress Report

The Future of Public Health in Canada: Developing a Public Health System for the 21st Century

Proceedings of the "Think Tank on the Future of Public Health in Canada"

Building a Sustainable Public Health Research Infrastructure in Canada

